TITLE XIX
CHILDREN'S BEHAVIORAL HEALTH ANNUAL ACTION PLAN *

November 1, 2003
To
October 31, 2004

Submitted By

Arizona Department of Health Services
And
Arizona Health Care Cost Containment System

1/28/04

**In compliance with June 2001 Jason K. Settlement Agreement*

Annual Action Plan
Arizona Department of Health Services
and
Arizona Health Care Cost Containment System

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Introduction

In November of 2001, the Arizona Department of Health Services (ADHS) and the Arizona Health Care Cost Containment System (AHCCCS) provided the first Annual Action Plan to Plaintiffs Counsel under the Jason K Settlement Agreement. Under the Settlement, ADHS and AHCCCS are required to meet the obligations set forth in Section III, paragraphs 14 through 17 over the next several years.

Many of the obligations cannot be met in a linear fashion, but rather through simultaneous efforts and activities. Over the past two years, successful strategies were undertaken and several obligations outlined in Section III of the settlement agreement have been met. This third Annual Action Plan is designed to review these accomplishments and to present strategies and more specific action steps to meet obligations noted in paragraphs 15 and 16. Paragraph 14 is met by the extent of effort put forth to achieve the obligations stated in paragraphs 15, 16, and 17.

In meeting the requirements of the agreement, ADHS anticipates that all Title XIX eligible children will ultimately be evaluated, treated and supported with practice approaches consistent with the Arizona Vision and in a system of care that supports and sustains it. The intentional initial emphasis was to target children and families with multiple and/or complex needs who are enrolled in the behavioral health system. ADHS and AHCCCS tested new strategies for children in the Maricopa County's 200 Kids Project and in Northern Arizona's 100 Kids Project. Project MATCH in Pima County has also focused on seriously emotionally disturbed youth with multiple agency involvement and high end needs.

Important lessons have been learned over the past two and a half years and infrastructure continues to be developed to maintain and foster sustained progress. This year's Annual Action Plan, consistent with Governor Janet Napolitano's direction from January of 2003, will direct effort to assure that, *regardless* of intensity of need and level of acuity, the care provided to all Title XIX eligible children throughout the state will maintain fidelity to the same vision, principles and standards.

A six-pronged strategy will continue this year and will be adjusted until obligations in the settlement agreement have been fulfilled and our system reform actualized. Within this strategy, attention will be focused on implementation needs at the 1) state level, 2) local level, and 3) individual level. The six-pronged strategy includes the following:

1. Create sustainable and trusting partnerships with families and other child-serving systems
2. Develop, train and implement effective Practice Improvement Protocols
3. Continue to train and coach system staff, partners and families
4. Develop effective venues for barrier identification, resolution and feedback
5. Improve the quality management system
6. Internalize the understanding of system reform

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The plan is divided into two parts: a description of the upcoming year's strategies and 2) last year's accomplishments, beginning on page 15.

Annual Action Plan and Strategies for the Future:

Over the next year ADHS plans to implement the six key strategies that will help foster system-wide implementation of the 12 Principles of the settlement agreement. These strategies include:

- Create sustainable and trusting partnerships with families and other child-serving systems.
- Develop, train, and implement effective practice improvement protocols.
- Continue to train and coach system staff, partners, and families.
- Develop effective venues for barrier identification, resolution, and feedback.
- Improve the quality management system.
- Internalize the understanding of system reform.

Implementation of these strategies will occur at a variety of levels. Statewide, regional, and local efforts will occur. In some instances (as indicated below), different approaches will occur for Maricopa County versus other areas of the state. While ADHS and contractors will be responsible for implementing many aspects of these strategies, successful implementation will require key stakeholder input and support.

Strategy 1. Create Sustainable and Trusting Partnerships with Families and Other Child-Serving Systems

During the next year, the ADHS will continue to build partnerships so that system-wide reform can occur. Over the past two years, ADHS worked to increase its understanding of the mandates and requirements of the different child-serving agencies. ADHS also focused on building collaborative efforts with stakeholders such as the Department of Economic Security to foster development of Child and Family Teams (CFTs) at local and individual case levels across state systems. ADHS has involved families in system reform, requesting their input into changes in the intake, assessment, and service planning processes and this annual action plan.

During year three, ADHS will continue to increase understanding of other agencies' practices by outlining mandates and requirements of each system. ADHS will continue to build on past partnership efforts in a variety of ways:

The Children's Executive Committee will review its role to ensure that it is responding to the needs of its stakeholders – In January and February 2004, the role of the Children's Executive Committee will need to be reviewed. The Committee (at their discretion) will need to define its role in supporting collaborative relationships between families and system partners in accordance

with the 12 Principles. The Committee will need to identify and support implementation aimed at supporting the Principles, identify system barriers and strategies for overcoming such barriers, and monitor and guide system reform efforts.

In conjunction with the Executive Committee, ADHS will implement Department-related reforms identified in Governor Napolitano's Action Plan for Reform of Arizona's Child Protection System (CPS). The Governor's reforms for CPS compliment overall behavioral health system reform and implementation of the 12 Principles.

Continue system improvements for children in foster care – During the next year, ADHS, in conjunction with the Department of Economic Security (DES) and behavioral health contractors, will continue to implement an urgent behavioral health response for children entering foster care. RBHAs will be expected to participate in specific dialogues with system partners and local and regional entities in an effort to develop such a system for response. In addition, ADHS will continue to contract with and provide behavioral health funding for licensed DES foster homes.

Expand co-location of behavioral health and child welfare services – To further expand implementation of the 12 Principles, ADHS and its contractors will continue to expand co-location of behavioral health and child-welfare services so that children involved in the child welfare system receive timely access to behavioral health systems and supports. Beginning July 1, 2003, Value Options has required its providers to co-locate behavioral health personnel in CPS offices and that by June 2004, most providers will be co-located at DES offices throughout Maricopa County. Throughout the remaining areas of the state, ADHS will continue to work with each RBHA to plan for the continued expansion of this effort.

Continue efforts of the Maricopa County Steering Committee – The Maricopa County Steering Committee, like its state-level Executive Committee counterpart, will continue to expand collaborative relationships among families and system partners. The Committee, originally created to support the 200 Kids Project, will support and implement reform initiatives; identify, resolve, or refer (to the state-level Executive Committee or others) barriers to reform; and assist in monitoring and guiding regional reform efforts.

The Steering Committee will also serve as a mechanism for facilitating collaboration among child-serving system partners and families. For example, Value Options may use the Steering Committee to dialog with family focus or advisory groups, local or regional education, juvenile probation, juvenile parole, and developmental disability serving agencies so that the mandates and operational requirements of system partners can be better understood for full Child and Family Team implementation.

Increase the role of families in system reform – Efforts will also continue to involve families in system reform. The Family Involvement Subcommittee of the Executive Committee will continue to support family voice throughout the system of care. They will play an instrumental role in sharing the perspective of its membership with the Executive Committee.

Train system partners – During the next year, training will continue among system partners so that better understanding of system reforms can occur and familiarity with different child-serving agency practices can grow. For example, ADHS and AHCCCS will join forces to train Arizona Long Term Care System (ALTCS) program contractors, behavioral health coordinators, and case managers on the content of the Department's Practice Improvement Protocol on Child and Family Teams. The Children's Executive Committee's Training Subcommittee will identify training needs among child-serving systems and families to support and enhance collaborative practice and strengthen family-professional partnerships. Finally, efforts will be made by the ADHS and DES to train the behavioral health workforce so they can better meet the needs of children and families involved with the child welfare system.

Implement unified behavioral health assessment and planning process – ADHS and its child-serving partners will also begin developing and implementing a unified behavioral health and planning process for children enrolled in multiple systems. "Unified assessment and planning" should be understood primarily as a process and a concept, not necessarily a single plan on paper to be adopted by all agencies. A small group involving ADHS, DES and stakeholders, including families, has already begun to:

- Review parallel processes in respective systems;
- Minimize system redundancies;
- Ensure that processes surrounding the development and support of Child and Family Teams meets the needs of mutual clientele and the requirements of different systems;
- Align timeframes and content of behavioral health service planning with the CPS case planning process.

Regional Behavioral Health Authorities will play an important role in developing the unified assessment and planning process. They will be expected to work with local and regional education, juvenile parole and probation, and developmental disability serving entities to identify each partner's mandates and operational requirements.

Strategy 2. Develop, Train and Implement Effective Practice Improvement Protocols

Practice improvement protocols play an important role in system reform. Development of such clinical guidance documents by ADHS helps ensure that care is delivered in accordance with the 12 Arizona Principles. Such guidelines are intended to be easy to understand, simple to follow, and complement the training experiences that precede them. The guidelines are shared during statewide trainings and with the Children's Behavioral Health Subcommittee, other child-serving state agency personnel, primary care physicians, family members, and the community-at-large through ADHS's web page.

To date, considerable progress has been made in modifying existing protocols to ensure their alignment with the 12 Arizona Principles. New protocols have also been developed for Child

and Family Teams and for the use of psychotropic medication in children and adolescents. Significantly, the Child and Family Team protocol articulates the intention to serve *all children* through Child and Family Teams. Indeed, expansion of such teams is expected to occur during the next plan year.

Over the next year, a protocol will be developed to guide clinical practice related to Therapeutic Foster Care Home placements. A workgroup will be convened consisting of families, RBHAs, DES and other key stakeholders to develop guidelines that address key elements of successful placements, programming, and integrated return to the family. The protocol will also enable the other child-serving systems to understand the complexities of providing coordinated services within the foster care model. Specific elements of the protocol will include:

- Factors to be considered when deciding whether a child needs a Therapeutic Foster Care Home;
- Selection of a Therapeutic Foster Care Home;
- Transition of a child from a previous or to a new placement.

Additional protocols to be finalized this year include Substance Abuse Treatment for Children and the Strength and Culture Discovery process.

ADHS will continue to examine strategies for ensuring implementation of existing practice improvement protocols. Specific processes may need to be developed, such as the present attempt to standardize the informed consent process, in order for full implementation to occur.

Strategy 3. Continue to Train and Coach System Staff, Partners, and Families

Training and coaching system staff, partners, and families on the 12 Principles and system reform is an integral part of the action plan. As each region implements training and coaching of behavioral health staff, these individuals will then begin working within the context of Child and Family Teams. The training needs of families to be active participants in their CFTs will continue to be assessed. Opportunities for families and professionals to learn together will be encouraged. During the first two years of the system reform, training and coaching had been focused on the staff most likely to work with children and families who had the most complex needs. During the upcoming year, RBHA training plans are expanded to address staff working with any child and family.

Each RBHA is implementing approved training and coaching plans. These workforce development plans include specialized training and coaching to guide clinical professionals in their evolving roles. Two contractors, ValueOptions and CPSA, have begun to integrate and institutionalize Child Family Team-related training and personnel development throughout their provider networks and administrative organizations. Contractors in all regions are working to

develop capacity to continuously train workforce members, including individuals serving children and families with complex needs.

Workforce training efforts will continue to grow over the next plan year. In Maricopa County, Value Options is crafting training curriculum focused on expanding Clinical Liaison's knowledge of Child Family Team implementation. The training addresses focused knowledge in:

- The 12 Principles
- A 2-day training addressing the foundational elements best suited to the delivery of clinical services in the context of the 12 Principles
- The Assessment process and the role of the Clinical Liaison
- Facilitation training

During the month of January 2004, the 2-day training will occur, focusing on training the foundational elements related to the principles. After an initial "training of the trainers", Maricopa County providers will integrate the materials into their employee training. Beginning in the spring of 2004, Facilitation training will begin with four sessions being delivered in this first quarter (March through May). Approximately 20 Clinical Liaisons will attend each training session, resulting in 80 being trained by the quarter's end. At the completion of the Facilitation training, it is expected that these individuals will begin working in the context of Child and Family Teams. ValueOptions estimates that each Clinical Liaison will serve at a minimum, 35 children and families. By May of 2004, approximately 2,800 Child and Family Teams should be operational. For each subsequent quarter, ValueOptions intends on conducting five sessions of Facilitation training, while providers continue to offer the 2-day training. At this rate, by December of 2004, ValueOptions anticipates that 280 Clinical Liaisons will be trained to work with Child and Family Teams, resulting in all enrolled children having a CFT. Additionally, Maricopa County is working on a coaching plan to continue the mentoring of behavioral health staff.

ADHS recognizes that children and families need timely access to covered services identified by the Child and Family Team. By March 1, 2004, RBHAs will propose a Network Development Plan to ADHS, outlining priorities for capacity development related to categories of covered services, specifically, Support and Rehabilitation. Specific targets for the Support and Rehabilitation services will be established and prioritized. ADHS will continue to monitor the development and implementation of these services, including addressing barriers to implementation. In Maricopa County, ADHS will solicit input from key stakeholders related to the Support and Rehabilitative services for children, identified in the plan.

Rural training efforts will also expand over the next year. ADHS recently announced plans to award an additional $390,000 (federal block grant funds) to four rural RBHAs to expand training in their regions. Awards will be made based on development of a comprehensive training plan that addresses family involvement, community infrastructure, training for child-serving system partners, supervisory training, clinical training and Child and Family team facilitation training.

Each plan is also required to address training and coaching self-sufficiency. ADHS plans to make awards for approved plans in December 2003.

Other training efforts that will occur over the next plan year include:

Expanding use of multi-media materials – High quality, multi-media materials have been developed by Vroon VanDenBerg, LLP to assist in training and coaching the behavioral health workforce on Child Family Team facilitation. These materials have been distributed across the state and are attracting national attention. The materials contain vignettes that demonstrate the application of skills by Child Family Team facilitators. The RBHAs will use the media over the next year as part of their workforce training.

Training clinicians to improve assessment skills – RBHAs will continue to train Clinical Liaisons to be more effective in implementing the system's new strength-based assessment process for children and families. The curriculum is geared toward helping Clinical Liaisons begin the Strengths and Culture Discovery process – an important underpinning of Child and Family Team practice – during their assessments. The training addresses the theoretical foundations of Strengths and Culture Discoveries, provides practical information on gleaning such discoveries, and gives Clinical Liaisons tools for engaging clients.

Develop guidelines to support transitions to adult systems – Over the next year, ADHS will develop guidelines aimed at staff within the adult behavioral health system on methods of transitioning children into the adult system once they reach the age of majority, including continued family and/or natural support involvement. Personnel will be trained on common aspects of team practice among the children's and adult's service systems, and on methods of ensuring continuity of care and support.

Continuing to serve as a clearinghouse – Over the next year, ADHS will also continue to serve as a clearinghouse for best practice information for behavioral health, allowing it to build and disseminate information on best practices and system reform in Arizona.

Teaching system partners about the 12 Principles – Over the next year, ADHS and its contractors will continue to teach system partners, stakeholders, and families about the 12 Principles and their application. ADHS and RBHAs will also teach skills needed to participate in and support Child and Family Teams.

ADHS and Regional Behavioral Health Authorities will continue to work with other state systems to help ensure that congruent values and practice approaches exist among all child-serving agencies. At the RBHA level, staff are working with staff from other child-serving agencies to develop common training approaches. At the state level, the Department is continuing to participate in curriculum development and training for all new child welfare workers through the DES Child Welfare Training Institute.

Examples of cross-system training activities that are to occur over the next year include:

- Educating ALTCS Program Contractors. AHCCCS will host training on the Child and Family Teams Practice Improvement Protocol for its ALTCS program contractors' behavioral health coordinators and case manager. The training will encourage program contractors and health plan representatives to participate in pertinent local, regional, and state-level training opportunities that support their work with and on behalf of enrolled children and their families.

- Training juvenile corrections and parole personnel. The Arizona Department of Juvenile Corrections has committed to using the Child and Family Team model for children on parole in the community, and is exploring its use among their correctional institution population. An $884,000 HB 2003 funded training project will teach and coach Child and Family Team practice to Juvenile Corrections personnel working within the institutional, community-parole, and service provider systems. Additional training will focus on building capacity for evidence-based and other best practices for serving the juvenile corrections population, including: Multi-Systemic Treatment, Functional Family Therapy, Motivational Interviewing, Family Integrated Transitions, and Dialectical Behavioral Therapy. ADHS will explore additional grant funding to support additional training in these practices.

- Continuing CPS worker training. ADHS and the RBHAS will continue training all new Child Protective Services caseworkers in Arizona through the Child Welfare Training Institute (CWTI). Workers are taught how to access behavioral health supports and services for every child involved in the child welfare system. The CWTI has become an important forum for teaching new workers the unified assessment and case planning/service planning process currently under development.

- Expanding behavioral health worker training on supporting foster care children. Beginning in fall of 2004, ADHS will expand training currently offered by one of its contractors, CPSA, to behavioral health workers statewide. The training is aimed at helping behavioral health workers learn how to support children and families involved in the foster care system.

- Teaching residential service providers Child and Family Team principles. ADHS, residential service providers, and the RBHAs have begun aligning residential services with the 12 Principles and Child and Family Teams. The philosophy, programming, and practices of existing residential programs will be reviewed. Training on the Child and Family Team Practice Improvement Protocol and other training will be provided.

Strategy 4. Develop Effective Venues for Barrier Identification, Resolution and Feedback

Identifying and resolving barriers is essential to realizing the Arizona Vision and Principles. Accordingly, ADHS and AHCCCS will continue to collect and analyze information about

successes, challenges, and barriers to implementing the Arizona Vision and Principles. Information will be obtained from community stakeholders, Plaintiffs' Counsel, and state agency sources. Such information will drive ADHS and AHCCCS' efforts to resolve problems and eliminate barriers.

Implement Community-wide Processes for Identifying Barriers - Each Regional Behavioral Health Authority will also play an important role in identifying barriers to implementing the 12 Principles. ADHS is directing each RBHA to develop internal and community-wide processes for identifying barriers. These defined processes will create feedback loops between those involved with Child and Family Teams, ADHS, DES, probation, schools, or parole to those responsible for problem resolution. The RBHA will be required to share information on resolved issues among system partners. This practice will enable decision-makers to identify systemic problems and replicate successful solutions.

RBHAs will identify "successes and barriers" they encounter as part of their efforts to implement the Child and Family Team practice approach. Those involved with implementing Child and Family Teams will document successes and barriers in assessment, engagement, service coordination, crisis stabilization, and the provision of supports. Unmet needs will also be documented. Other types of issues that may be documented include:

- Lack of family voice within the Child and Family Team setting;
- Communications issues between families and other Child and Family Team members;
- Family concerns over the level of support received;
- Family access to and satisfaction with covered services identified by the Child and Family Team;
- RBHA capacity to provide Support and Rehabilitative services;
- Provider successes in delivering Child and Family Team centered services;
- Provider barriers to successfully implementing Child and Family Teams.

Documentation of these types of issues already occurs in Pima and Maricopa counties, and will be expanded to other regions. Information on barriers identified will be shared with specific child-serving systems, community teams, and the Children's Executive Committee. Once barriers are identified by the RBHAs, the contractors will be charged with resolving barriers based on the nature of the issue.

Finally, local community teams, such as the Maricopa County Steering Committee, may also play a role in identifying trends and system issues. In some instance, the committee may be able to resolve issues directly. In other instances, issues may need to be elevated to other venues for resolution.

Strategy 5. Change to Improve the Quality Management System

The Quality Management System plays a critical role in evaluating how well the behavioral health system is performing according to the 12 Principles. The Quality Management System helps identify areas for improvement and facilitates targeted improvement efforts. Currently, the Quality Management System includes a variety of approaches to assessing the behavioral health system's performance. These include:

- *Individual case review*. ADHS conducts a statewide Independent Case Review annually. The review is based on a sample of individuals who received services and is focused on monitoring the clinical care received. The review includes a case record review as well as interviews of the child/family/guardian, the case manager, and the provider. As part of past reviews, the Department compared experiences of children in Maricopa County who participated in the Child and Family Teams with those who did not.
- *Monitoring key indicators.* ADHS produces a Quarterly Key Indicators report that serves as a "dashboard" for monitoring system performance. The indicators include measures such as access to care, acute care length of stay and financial data.
- *Utilization data review.* ADHS monitors RBHA covered services utilization data. Over and under utilization of particular services may be a reflection of network needs or gaps.
- *Complaint review.* ADHS regularly monitors consumer complaints and appeals, to identify and track individual and systematic issues.
- *Financial review.* ADHS produces a RBHA Quarterly Network Gains/ Losses report to monitor how contractors are spending monies and to ensure their financial viability.
- *Consumer satisfaction survey.* ADHS conducts a nationally developed consumer satisfaction survey every two years. The survey allows the Department to compare consumer satisfaction with other behavioral health systems nationally.
- *Administrative review.* Annually, ADHS conducts an on-site and desk audit of the RBHAs operations related to general contract compliance.

The Quality Management System gleans data for assessing system performance from a wide variety of sources, beyond those described above. The Department's Quality Management/ Utilization Management Committee, RBHA Teams, and Network Analysis and Development Teams are also charged with gathering and analyzing data.

Data and information gathered through the quality process are communicated to the Division of Behavioral Health's core management team. There, management provides direction and feedback statewide and to individual RBHAs. For example, the management team has developed several Quality Improvement Processes (QIPs) as a result of this process, guiding future service delivery. This process also led to changes in policy and information contained in the Provider Manual effective January 1, 2004.

The Department ensures that quality issues identified are resolved by requiring contracted Regional Behavioral Health Authorities to develop Performance Improvement Plans. Such plans address issues identified that are both contractor-specific and statewide in nature. Each RBHA's

Performance Improvement Plan is rooted in the Individual Case Review findings, as well as findings from the Administrative Review.

Use Performance Improvement Plans to Identify Issues and Implement Solutions - Over the next plan year the importance of RBHA Performance Improvement Plans will grow. They will begin to address not only issues identified in the Individual Case Review and Administrative Review, but also include issues identified through the variety of other means. Beginning January 2004, the Department will require Regional Behavioral Health Authorities to submit quarterly updates (including interim monitoring findings) to the Department, strengthening the feedback loop to the Department to allow greater input into and understanding of RBHA performance improvement activities.

Measure Structure, Practice and Outcomes - Over the next plan year, data collection will also expand according to key categories for each RBHA. While ADHS had not determined the specific elements to collect, in general, the following categories will apply:

- ***System structure***. Examples of data elements may be the total number of CFTs.
- ***System practice/process***. Examples of data elements may be the total number of children and families being serviced according to the principles.
- ***System outcomes***. During the next plan year, the Department plans to collect data that will allow it to assess important client outcomes including whether children are:

    - Succeeding at school;
    - Living with their families;
    - Avoiding delinquency; and
    - Becoming stable and productive adults.

Integrate the Interview Process as a Core Requirement of Measurement - Beginning in January of 2004, ADHS, in conjunction with ValueOptions, will begin to interview a sample of Child and Family Teams at each Comprehensive Service Provider (CSP). Parents trained in the 12 Principles and systems reform will conduct family interviews. This is being done so as to provide a safe and comfortable environment (family-to-family) for sharing their experiences and satisfaction with the Child and Family Team process. The information collected will be used to identify practice level implementation themes, trends, barriers and successes.

ADHS will continue to review and adjust all its data collection and quality management activities to ensure that they are capturing information relevant to application of the 12 Principles.

ALTCS Review - AHCCCS' Annual Operational and Financial Review (OFR) of its ALTCS Program Contractors will continue to measure member and family involvement in treatment planning processes. AHCCCS staff will monitor progress achieved in implementing required corrective action plans for those contractors whose performance on this standard during the previous OFR fell below acceptable levels. AHCCCS will also review the Case Management Service Review tool used to measure the adequacy and appropriateness of case management

services provided to ALTCS members to ensure that it includes an assessment of the degree to which members and families are involved.

Strategy 6. Internalize the Understanding of System Reform

Educating ADHS personnel and contractors on the 12 Principles and informing them of related implementation efforts are also important to system reform. This past year, ADHS conducted a number of activities to ensure staff knowledge:

- Fostering cross-bureau coordination and participation through RBHA team meetings and Administrative Reviews;
- Training staff on the 12 Principles, the Child Family Team process, and the new assessment process;
- Updating staff on related activities during Quarterly Strategic Plan Updates.

Coordination of bureau activities was exemplified during the past year during the development of the new statewide assessment process. Multiple bureaus were involved, including not only the Office of the Medical Director and clinical support areas, but also staff involved with data support, finance, compliance, and training. Such coordination not only contributed to development of the new assessment process, but also increased departmental understanding of Child and Family Team practice.

Continue to ensure policies and guidelines are consistent with the 12 Principles - Over the next year, ADHS will continue to build on these training, coordination, and communication efforts. It will work to ensure that written policies and guidelines align with the 12 Principles. Accordingly, ADHS will create and/or revise policies, Practice Improvement Protocols, the Department's Provider Manual and Technical Assistance Documents. Efforts will ensue to train, educate, and coach the workforce on the written requirements and ADHS will monitor to ensure written guidelines and policies are followed.

Education of Staff is Key to Internalization - Contractors will also play a role in internalizing system reform during the next year. RBHAs and providers will be expected to inform new employees of their job roles and functions as they relate to system reform. ADHS will work with each RBHA to identify operational practices, which will guide providers through the implementation of the 12 Principles within each agency.

Behavioral health contractors will engage in other efforts to spread knowledge of the 12 Principles among behavioral health workers. For example, they may hire consultants to train employees. To date, RBHAs have hired national and Arizona-based consultants to educate staff. In addition, they may continue to use internal "experts" to serve as a resource for behavioral health workers. Over the past year, Maricopa and Pima counties created "internal coach" positions to mentor staff implementing Child Family Teams. In Maricopa County, plans already

exist to expand their use by having Family Support Coaches assist providers on an on-going basis.

ValueOptions will also continue to promote system reform by providing technical assistance to staff and providers. ValueOptions will also use monthly Clinical Leads meetings to share knowledge, successes, and identify areas for improvement. Recently, residential provider representatives have been included in these meetings, assisting in the strengthening of Child Family Teams in out-of-home placements.

Leadership Meetings at the State and Local Levels - Communication on reform activities will also occur through continued meetings between ADHS, ValueOptions and providers and the providers' Board of Directors. These meetings will focus on communicating expectations and key responsibilities. The meetings will also benefit the Department by providing feedback on the effectiveness of current efforts. In March of 2004, ADHS and ValueOptions will hold a second countywide meeting with all leadership personnel from ValueOptions' Comprehensive Service Providers (CSPs) for a daylong event focused on system reform efforts.

Communication of the 12 Principles, implementation efforts, and their success will occur during discussions between RBHAs and ADHS on implementation of this Annual Action Plan. ADHS will meet in each region two times during the upcoming year. During these meetings, groups of key participants in strategy achievements, including providers and families, will share their local experiences, guiding ADHS's future direction in providing technical assistance and support.

Behavioral Health Services Staff will "get out" - Over the upcoming year, ADHS will commit to having multiple persons observe and/or participate in CFTs and visit provider agencies including out-of-home programs, in order to monitor and improve system implementation.

Finally, ADHS and AHCCCS will continue to meet with Plaintiff's Counsel on a regular basis regarding Maricopa County and other state level implementation issues.

November 1, 2002 through October 31, 2003 Accomplishments

Settlement Agreement paragraph 14: Defendants agree to foster the development of a Title XIX behavioral health system that delivers services according to the Principles set forth in Section V

Status: Partially met and ongoing

Settlement Agreement paragraph 15: Defendants will move as quickly as is practicable to develop a Title XIX behavioral health system that delivers services according to the Principles. Once developed, Defendants will maintain the system in accordance with the Principles for the term of this Agreement.

Status: Partially met and ongoing

Throughout the past two years, ADHS and AHCCCS have continued their commitment to foster the development of the Title XIX behavioral health system that delivers services according to the Principles. The "fostering" is evident in the amount of energy and enthusiasm displayed by the staff at all levels of the system. The commitment on behalf of ADHS and AHCCCS, as well as various other key stakeholders throughout the state, is evidenced by the following:

- A press release issued by Governor Napolitano in January of 2003 supporting Child and Family Team implementation;
- The buy-in by other state agencies and their employees of the importance of the system reform movement;
- The Auditor General Report NO. 02-12 and subsequent reviews, that confirmed the use of our strategies in the areas of collaboration, coaching, and training.

Settlement Agreement paragraph 16: As quickly as practicable, Defendants will conform all contracts, decisions, practice guidelines and policies related to the delivery of Title XIX behavioral health services to be consistent with an designed to achieve the Principles for class members

Status: Partially met and ongoing

As specified in paragraph 16, for the past two and a half years ADHS has been ensuring that all policies and procedures were modified in accordance with the Principles and four outcomes. The following is a list of all policies that were modified in 2003 that impact the children's delivery system:

- Policy 1.4 Referral
- Policy 1.5 Outreach, Engagement, Re-engagement and Disenrollment
- Policy 1.9 Timeliness of Services
- Policy 1.16 Psychotropic Medications Prescribing and Monitoring
- Policy 1.17 Out of State Placements
- Policy 2.2 Inter-RBHA Coordination of Services
- Policy 2.6 Coordination Between RBHAs, AHCCCS Health Plans and PCPs

In 2003 ADHS reorganized and defined the purpose of all ADHS documents. The goal was to develop a set of concise and understandable documents that would eliminate redundancies and direct requirements to the appropriate audience and most importantly, clearly state ADHS' policy regarding key clinical and administrative practices according to the 12 Principles.

One of the most significant changes in the ADHS document organization included developing a Provider Manual with specific information for Providers. Upon implementation of the Provider Manual in January 2004, the T/RBHAs will no longer be required to develop policies and

procedures related to specific content areas. Rather, the focus will be on implementing State policy and good clinical practice. T/RBHAs may continue to develop policies and procedures that guide internal operations of their respective agencies.

A major policy change worth highlighting, was related to the timeliness of services that went into effect on August 15, 2003. In order to better respond to the needs of children removed from their homes by Child Protective Services (CPS), all RBHAs are required to assess the child within 24 hours of the referral and removal.

In addition to the Provider Manual, ADHS documents related to clinical guidance will now be categorized as:

- Clinical Practice Guidelines (usually nationally developed practice guidelines such as those published through the American Psychiatric Association);
- Practice Improvement Protocols (to support ADHS/DBHS policies and/or QM initiatives; and
- Technical Assistance Documents

During this past year, the following clinical guidance documents were created:

- Use of Psychotropic Medication in Children and Adolescents
- The Child and Family Team
- Disorders of Attachment

As part of a strategic initiative beginning in July of 2002, ADHS began to craft a revision to the intake, assessment and service planning process. ADHS supports a model that is strength-based, family friendly, culturally sensitive, clinically sound and supervised. The model is based on three equally important components:

- Input from the person and family/significant others regarding their special needs, strengths and preferences;
- Input from other individuals who have integral relationships with the person; and
- Clinical expertise.

The assessment process incorporates Child and Family Teams. In September of 2003, ADHS conducted statewide overview training of the new process with stakeholders. Beginning in October of 2003 and continuing through December of 2003, ADHS will conduct RBHA-specific training with the intent that this training will be sustainable at the RBHA/provider level.

Statewide Training Program: Settlement Agreement Paragraph 17 (a) Develop and implement a statewide training program, as described in paragraphs 32-39

Status: Partially met and ongoing

Background

During 2001-2002 the 300 Kids Pilot and Project MATCH sites served as laboratories for the development of the Child and Family Team approach. Vroon VanDenBerg LLP guided the initial development of this approach through a combination of training and coaching activities. By mid-2002 early transfer of "ownership" of the process, supportive curriculum and coaching methods began to emerge, beginning within Maricopa County, whose early helmsmen began to draw from additional national experts (e.g. Karl Dennis/Kaleidoscope, Child Welfare Policy & Practice Group, Sue Smith/Georgia). ADHS identified compatible processes within other child-serving systems (notably DES-DDD and child welfare's family-group decision-making). By the end of 2002 CPSA/Project MATCH had developed and approved a workforce development, training and coaching plan of its own. Maricopa County became the first region to assume local responsibility for providing training and coaching support within its expanding pilot – ADHS allocated a total of $961,000 for training and coaching between April 2002 and April 2003. An additional allocation included $750,000 from 7/1/03 through 6/30/04 in Maricopa County.

By early 2003 both these major regions had developed or accessed curriculum to teach individuals how to facilitate the Child and Family Team process with families, had begun to develop training focused primarily for supervisory personnel, and had even begun to specialize training for certain other members of the behavioral health workforce – notably psychiatrists. Both regions had begun to offer an overview of the 12 Arizona Principles and an orientation to the Child and Family Team process broadly throughout the behavioral health workforce, partners from other child-serving systems, family and community members. Both regions, in fact, had begun to offer the overview training in Spanish as well as in English.

2003

During the past year, the training program was extended into every region of Arizona. All RBHA regions have received HB 2003 training funds to support regional training plans. The Excel, PGBHA and CPSA 3 regions began the initial rounds of Child and Family Team training through VVDB during this reporting year. In these regions, other state agency personnel including DES case workers and juvenile justice personnel have participated in the facilitation training delivered by VVDB.

Each round of CFT facilitation training in the three pilot sites had been closely monitored and analyzed by VVDB, ADHS, local leaders and participants to identify lessons learned which were then routinely incorporated into improved design of the subsequent round of training. That feedback loop has begun to take root in Maricopa and Pima Counties to continuously improve the effectiveness of training and coaching approaches. Significant curricular improvements have been made by VVDB, by several RBHAs, and with support from other experts (notably the Child Welfare Policy and Practice Group, in Maricopa County), integrating pre-existing and newly developed Arizona-specific elements to facilitate translation from training to real change in practice.

In July 2003, VVDB delivered five (5) complete Child and Family Team facilitation training kits to each RBHA region, and five more to ADHS, to provide portable, multi-media support for sustainable training and coaching in Child and Family Team facilitation processes and skills.

In Maricopa County, ValueOptions, in conjunction with the Family Involvement Center, developed and now regularly delivers full two-week classroom training to all incoming staff that will be working with more complex CFTs. This training is now delivered by Arizona-based consultants, ValueOptions and provider staff, and by family members.

In April 2002, ADHS approved an initial workforce development plan by Value Options to expand both the number and array of behavioral health workers to implement the improved practice approaches. By December 2002, CPSA had developed comparable workforce plans for both of its regions. Subsequently, both ValueOptions and CPSA have followed their plans to expand the available workforces, especially by focusing on building capacity for Child and Family Team facilitation, family support and an array of other relatively new support services. These plans have been shared with other RBHAs as examples to guide their own regional planning in support of practice change.

The number of CFT Facilitators and other staff* who have completed training in the each region of Arizona as of October 2003 is:

CPSA-3	8 Primary Facilitators	52 Additional Staff
CPSA-5	36 Primary Facilitators	69 Additional Staff
NARBHA	14 Primary Facilitators	
ValueOptions	30 Per Month Regularly Complete 2 week Case Management Training (including complete CFT facilitation training)	
PGBHA	22 Primary Facilitators	
EXCEL Group	20 Primary Facilitators	

*Other Staff include clinicians who will be expected to facilitate child and family team practice, though not as their sole or primary responsibility.

In northern Arizona, NARBHA has begun to address specific training needs within Tribal Area Agencies, through a contract with Jon Eagle of the Standing Rock Sioux Tribe. As an adjunct to the VVDB CFT training, that contract addresses more culturally relevant wraparound strategies for the Native American population.

Increasing attention continues to be paid to the development of supervisor training to support the implementation of Child and Family Team practice. In Maricopa County, ValueOptions and the Child Welfare Policy and Practice Group have developed a three-day supervisory training curriculum. This training will help to ensure sufficient support for frontline facilitators of Child and Family Teams, but also to build self-perpetuating capacity within supervision structures to coach, mentor and guide team facilitators when the initial coaching contracts are discontinued. The first class of supervisors completed this training in September 2003, and the focus of the

coaching contract itself is gradually shifting to equip supervisors to assume the "coaching" role as central to their responsibilities within the behavioral health system.

Similarly, the Pima County and southeast Arizona workforce development and training plans have matured to the point that contracted trainers from VVDB have begun to provide intensive, targeted training for the same purposes as the Maricopa County effort. From the onset, the Pima County design has required supervisors to accompany their staff to all aspects of the intensive CFT facilitation training. ADHS is working with Excel, PGBHA and CPSA 3 to begin substantial focus on training for supervisors earlier in their respective regions than had occurred in the early 300 Kids Pilot sites. VVDB has prepared multi-media curriculum kits that will support such training in any region of Arizona.

ADHS has increased its collaboration with the DES Child Welfare Training Institute (CWTI). Since March 2003, ADHS and DES have jointly delivered a half-day of training at least once each month to teach all new CPS workers how to effectively access services from RBHAs for children and adults involved in the child welfare system. This training helps CPS workers to understand the nature and intent of Child and Family Team practice.

In regions such as Pima County and northern Arizona, local cross training initiatives with DES have begun. The CPSA training team has partnered with representatives of DES developing two cross-training curricula focused on integrating the work of both systems on behalf of victims of abuse and neglect, their families and protective foster caregivers. The new training classes were first delivered during the summer of 2003. NARBHA and DES District III are jointly training all of the NARBHA Service Area Agencies on the purpose of the Child and Family Team process as a precursor to the full facilitation training.

As in previous years, ADHS and RBHAs have sought out opportunities to promote practice changes congruent with the 12 Arizona Principles through several statewide cross-system training events. These included:

- Statewide Kick-Off Conference (March 2003)
- Drug Court Conference (April 2003)
- Judicial Training Conference (May 2003)
- Family Involvement – Inspiring Hope Conference (June 2003)
- Family Centered Practice Conference (June 2003, jointly sponsored by DES and ADHS)
- Arizona Council of Human Service Providers (Flagstaff, July 2003)
- "Keeping Current" seminars (Project MATCH, July 2003)
- Substance Abuse Conference (Sedona, August 2003)

Some regions have begun to provide training not only for Child and Family Team facilitators, but more fully for members of the child/adolescent behavioral health workforce. Maricopa and Pima counties, in addition to facilitation and supervisory training have established or continued contracts with independent family organizations such as the Family Involvement Center in Maricopa County, and MIKID in Pima County, who now recruit and train qualified family members for

positions within the behavioral health workforce. Both RBHAs have developed and delivered specialized training for psychiatrists and other clinical professionals to help them to understand how to support child and family team practice.

During the summer of 2003, the ADHS statewide training effort supporting publication of the CFT Practice Improvement Protocol targeted clinical professionals.

Following the development of the Child and Family Team Practice Improvement Protocol, ADHS embarked on a statewide training effort to ensure RBHA understanding of the document. In some regions of the state, families, providers and other state agencies were also present.

A significant amount of activity has occurred this past year surrounding the obligation related to training. During this upcoming year, ADHS and AHCCCS will continue the strategies outlined in the settlement agreement throughout the entire state.

Respite Care: Settlement Agreement paragraph 17(b) add respite to the list of covered services as described in paragraph 40

Status: Met

Background

As specified in paragraph 40 of the Settlement, respite was added as a covered service. During the past two and a half years, respite capacity development has been a priority for all regions.

2003

During this past year, Excel has contracted with Child and Family Services, who have begun providing out-of-home, overnight respite in the Yuma region.

In CPSA Region 3, SEABHS contracted with Child and Family Resources to provide respite. In addition, Open Inn is in the process of becoming a Community Service Agency to provide overnight respite. SEABHS has also identified several DDD providers who could provide respite services.

In CPSA Region 5, has continued to develop crisis respite. Mary's Mission is now providing overnight respite and therapeutic day services in a Level II DES shelter.

NARBHA continues to have Respite Services as a priority on their Network Development plan. Current Respite providers include Creative Networks, ASKAN Foundation and Arizona Children's Association. Potential new providers identified are Parents Anonymous in Winslow and NeAz in the Holbrook/Show Low areas.

PGBHA has added Devereax as a Level III facility-based respite provider. In-home respite is available throughout PGBHA's region.

During the past year, ValueOptions has developed and refined their network of respite providers to offer day program activities on weekends and after school. Many of the Comprehensive Service Providers (CSPs) have developed respite capacity within their agency or subcontract with other providers to deliver in-home respite. These subcontracted providers include Arizona Children's Association, Rio Salado Behavioral Health, Family Support Resources and MARC Center.

During the past plan year, the value of respite services was as follows:

RBHA Name	**From 11/1/02 to 10/1/03**		
	Units*	***Value***	***Children***
Maricopa County	10,610	$1,202,250.97	663
Pima and SE Az.	79	$6,534.00	17
Northern Arizona	1,698	$162,264.81	139
Yuma/La Paz Counties	534	$8,653.50	300
Pinal/Gila Counties	661	$94,898.68	63

**Units represent either 1 hour or a full day*

ADHS continues to monitor the use and availability of respite services through a number of different mechanisms. This includes utilization data reflected in submitted encounters, quarterly Network Development meeting with each RBHA and consumer complaints.

Specialty Providers: Settlement Agreement paragraph 17 (c) devise and implement a means of allowing RBHAs to contract with certified Masters level behavioral health professionals as described in paragraph 41

Status: Met and ongoing

In January of 2001, AHCCCS expanded the Independent Biller category to include new types of specialty practitioners. Effective April 1, 2002, AHCCCS expanded the definition of Independent Biller even further. Masters level behavioral health professionals who are certified by the Arizona Board of Behavioral Health Examiners (AZBBHE) as a Certified Independent Social Worker (CISW), Certified Professional Counselor (CPC), or Certified Marriage and Family Therapist (CMFT) are now qualified to register with AHCCCS as Independent Billers without having a "Specialty Provider" designation. This change in AHCCCS registration for CISWs, CPCs and CMFTs now allows the RBHAs flexibility in contracting for services provided by these professionals. The registration expansion has enriched the RBHAs networks with clinicians who can provide services relevant to identified member needs.

AHCCCS has monitored its ALTCS Program Contractors on the development of capacity and implementation of this Masters level provider type. The Program Contractors have actively

recruited these individuals, and have been successful in expanding their networks to include clinicians who can meet the unique needs of their members.

As specified in paragraph 41 of the Settlement, the means to incorporate specialty providers into the behavioral health network now exists. ADHS continues to require the RBHA's to have a tracking system in place to monitor the capacity and availability of providers with certain specialties. This effort includes the original list of Specialty Provider services. Reporting of this capacity to ADHS coincides with quarterly network development meetings between RBHAs and ADHS.

Expansion of Title XIX Services: Settlement Agreement Paragraph (d) expand Title XIX services as described in paragraphs 42-45

Status: Met and Ongoing

2003
ADHS continues to meet with each RBHA through the Network Development Team on a quarterly basis. Focused effort continued on the development of respite, support services and Therapeutic Foster Care. Beginning in the Fall of 2002, ADHS began working with DES to identify all of the existing professionally licensed foster care homes. Protocols were created to guide the local regions on the establishment of these homes as Medicaid reimbursable. In FY04, RBHA capitation funding was increased to allow for the assumption of the existing professionally licensed homes in their regions.

AHCCCS added Habilitation providers to the array of allowable behavioral health providers. With the addition of this provider type, RBHAs can increase the available pool by which supportive services can be delivered.

2003 program development highlights in each region are outlined below:

EXCEL

Therapeutic Foster Care:
During this past year EXCEL became a Child Placing Agency and is now licensed by DES to develop, monitor and sustain capacity in their regions. EXCEL has set a goal of developing 10 new homes that will include using the Multi-Systemic Therapy (MST) model. Capitalizing on Arizona based expertise, EXCEL is considering the use of Phoenix-based Touchstone Community to recruit, train and provide technical assistance to these homes that will be using the MST model.

Level I Services:

In February of 2003, a Level I facility opened in Yuma. This 24-bed facility allows EXCEL to provide intensive out of home services to children and families in their region. The program model is designed to allow for a short-term stabilization (1-7 days) or up to a longer length of stay (3 months), using an integrated CFT approach for community transitioning. To date, focus has been primarily on bringing back the children who were placed out of area. EXCEL has trained 2 of their Level I staff in the CFT practice and during the next round of scheduled training with VVDB, additional staff will participate.

CPSA

Crisis Services:

In the fall of 2003, CPSA opened an ACSU (Adolescent Crisis Stabilization Unit), a 10 bed facility for children 12 years and older. The facility is located at CPSA's Plaza Arboleda and operated under a contract with Sonora Behavioral Health. The purpose of this facility is to maintain children in a community setting. The admittance criteria includes active CFT in both the placement and course of treatment.

Therapeutic Foster Care Homes:

Therapeutic Foster Care is a priority for capacity development at CPSA. Pima County has the largest total number of DES professionally licensed homes in the state. In conjunction with DES District II personnel, CPSA is in the process of assessing the status of all DES children currently placed in the homes and subsequently converting all of the existing homes to Medicaid funding. This effort will continue throughout this upcoming year.

Support Services:

ADHS and the Project Match Federal Grant fund is supporting development of MIKID as a resource in Pima County through which family members can receive information and support, as well as training to fulfill mentoring and leadership roles within the Networks. MIKID actively collaborated with the Family Involvement Center to establish multiple roles for family members within the behavioral health system. MIKID provided its inaugural training during the summer of 2003, adapting and creating curriculum in consultation with national consultant, Pat Miles. Pat provided training in June for MIKID and Project MATCH staff to improve their proficiency in engaging and respecting the expertise, perspectives and voice of families. Currently GSA 5 has hired twelve Family Support Specialists and GSA 3 has hired two.

Significant capacity for home and community based behavioral health supports and services have been extended to the Tohono O'odham community. CPSA continues to support the partnership among Intermountain Centers for Human Development, the Pantano Network, tribal agencies and the Tohono O'odham community to erect infrastructure and capacity. The Pima County Children's Council approved a grant funded by CPSA in June that adds development for day program and transportation capacity. Facility improvements will be made to solidify the provision of individual, family and group interventions.

Community Service Agencies (CSA):
The Boys and Girls Club of Tucson has now become a CSA. They are working with CPSA to begin services in five community locations, targeting the Latino and Pascua Yaqui youth population.

NARBHA

Therapeutic Foster Care Homes:
Throughout the past year NARBHA worked with existing DES professionally licensed homes and new providers to expand the availability of Therapeutic Foster Care in their region. Beginning in April of 2003, regular meetings were convened to focus on capacity development. Converting existing DES contracted homes to Medicaid homes was a priority. Joint recruitment efforts continue with DES and DDD to develop capacity of this service. Letters of agreement are in place with Human Resource Training and Catholic Social Services for recruitment efforts. Arizona Children's Associations is an additional provider of Therapeutic Foster Care. To date, there are 7 homes with a capacity of 20 beds in Yavapai and Coconino counties. There are an additional 9 homes with potential capacity for up to 25 beds, these homes are targeted to complete training and licensing by the end of the calendar year.

Transportation:
In an attempt to expand capacity of non-emergency transportation, NARBHA has contracted with MediTrans. This contract will supplement the transportation provided directly by providers.

PGBHA

Therapeutic Foster Care Homes:
PGBHA has contracted with Arizona Children's Association, Providence and Touchstone to develop Therapeutic Foster Care Homes (TFCH) capacity in their region. Eleven TFCHs have been added this year and several more homes are in the process of being trained and licensed.

Support Services:
Working through an ADHS obtained, CSAT Technical Assistance Grant, PGBHA identified MIKID as their pilot agency to provide Peer Support and Family Support to their enrolled members. The goal of the grant is to enhance and expand the availability and effectiveness of substance abuse treatment through the addition of Peer/Family Support Services. The pilot will include developing staff training and staff recruitment practices for consumers delivering peer and family support. In addition, assistance related to administrative operations will also be forthcoming throughout the grant. Capitalizing on MIKID's existing program development focus in Pima County, it is expected that after the pilot project has come to completion, MIKID will coach and mentor the PGBHA region providers in implementing internal Peer and Family Support Services.

Community Service Agencies:
Gila Employment and Special Training Agency has contracted with PGBHA as a Community Service Agency, and is now providing respite and personal assistance in the region.

ValueOptions

Therapeutic Foster Care Homes:
ValueOptions has fully executed contracts with five DES Child Placing Agencies to recruit and implement this service. The providers are Arizona Children Association, Providence, Devereux, Christian Family Care Agency and Touchstone Community. As of September 1, 2003, 16 children are placed in TFCH and a total of 18 homes are licensed. Fifty-two families are currently in training and in the process of becoming licensed.

In addition to bringing up new capacity for Maricopa County, ValueOptions is working with DES District I to transition 19 homes with 29 children to ValueOptions contracts.

Family Support:
Considerable emphasis has been put on recruiting, hiring and training family members to become Family Support Partners. The Family Involvement Center reports that 54 are now employed by Comprehensive Service Providers (CSPs).

Support Services:
As of June 2003, a total of 200 staff had been hired as Family Support Partners, general support workers and Case Managers. In the FY 2004, CSP contracted, providers were given targets to ensure the additional expansion of the support services.

Capitalizing on the new provider type available, three Habilitation provider agencies have been working with ValueOptions to secure contracts to provide direct support and respite services to youth and their families.

Community Service Agencies:
ValueOptions has a contract with one Community Service Agency, Rio Salado Behavioral Health, to provide support and respite services in the rural areas. Two other agencies have completed the requirements and have received their Title XIX certification: MIKID and Family Involvement Center.

Level I Services:
In order to bring children closer to home from out-of-state placements, ValueOptions added 20 Level I beds through PreHab of Az.

Length of stay, clinical models and discharge planning for all out-of –home providers are under study. Contracts have been amended to enhance involvement with the CFT process for their residents. Since June of 2002, ValueOptions reduced out-of state placements for children from 57 to 13.

Flex Funds: Settlement Agreement paragraph 17 (e) designate $600,000 for use as flex funds as described in paragraphs 42-45

Status: Met

Background

Beginning in March 2001, ADHS had allocated $600,000 of flexible funds to ValueOptions ($400,000) and NARBHA ($200,000), targeted for use in the 300 Kids Pilots. Those funds were established to supplement any necessary covered services and supports not reimbursable through Medicaid. Monthly reports about the use of flex funds from both 300 Kids Pilot sites were made to the Children's Executive Committee between August 2001, and March 2002. The Children's Executive Committee agreed that flex funds are an important, viable component of the best practice Arizona is developing, and the initial experiences within the 300 Kids Pilot and Project MATCH resulted in ADHS' decision to make flex funds available through every RBHA. In May 2002, ADHS secured CMHS block grant funding for statewide availability of flex funds, and made its first statewide allocation totaling $729,700, for the fiscal year beginning July 1, 2002 (FY 2003). The Administrative Office of the Courts (AOC) announced it had advised all 15 county juvenile probation offices to use certain designated funds as flexible. In addition, ADJC is preparing to use HB 2003 funds for that purpose in 2004.

2003

According to encounter data submitted during FY 2003, nearly $285,000 in flex funds were expended by the RBHAs. RBHAs have now been given an additional allocation of flex funds for FY 2004, matching their allocations for FY 2003.

The schedule below identifies the amounts allocated from the Community Mental Health Block Grant for Flex Funding for both State FYs 2003 and 2004.

Regional Behavioral Health Authority	FY 2003 and 2004 Allocations
CPSA5	$114,200
EXCEL	$ 27,947
ValueOptions	$458,171
NARBHA	$ 67,938
PGBHA	$ 30,043
CPSA3	$ 31,401
Grand Total	$729,700

Quarterly tracking by ADHS of flex funds encounters and expenditures now occurs. In June 2003, ADHS featured more than a dozen actual examples of effective uses of flex funds for an audience of about 70 practitioners at the annual Family-Centered Practice conference it co-sponsored along with DES-ACYF. In August, ADHS met with RBHA CEOs to reinforce the importance of these funds as a tool available to child and family teams, and examples of

successful application of flex funds were furnished to RBHAs as a form of technical assistance to promote their use. Guidelines for use of flex funds continue to be publicly available in the ADHS Covered Services Guide (on-line), and are addressed as well in the practice improvement protocol for Child and Family Teams.

Throughout this upcoming year, ADHS and the RBHAs will continue to integrate strategies on the use of flex funds in both training and technical assistance opportunities. Contingent on availability of funds, ADHS will seek to allocate at least the same aggregate level of flex funds to RBHAs in FY 2005 as in FY 2004.

Medication Practices: Settlement Agreement paragraph 17 (f) develop practice guidelines for the monitoring of medications as described in paragraph 48

Status: Met

The Practice Improvement Protocol for Psychotropic Medication Use in Children and Adolescents was finalized and training was completed in each RBHA during 2003. ADHS Policy 1.16, Psychotropic Medication Prescribing and Monitoring, was also finalized and training completed.

In March 2003, ADHS began a Quality Improvement Project (QIP), "Informed Consent for Psychotropic Medication Prescription", in order to improve the acquisition and documentation of informed consent for medications prescribed by behavioral health providers. This effort is in accordance with ADHS Policy 1.16 and 1.7 (Consent to Treatment), as well as the related ADHS Practice Improvement Protocol (The Use of Psychotropic Medications in Children and Adolescents). The statewide work group includes the ADHS Medical Director as the Chair, RBHA Medical Directors or their designees, and a consumer/family representative. As of September 2003, the project workgroup developed a standardized format for documenting informed consent and a detailed set of guidelines for the process. The format and guidelines have been aligned with ADHS policies and protocols, as well as newly revised AAC R9-20 licensing requirements. Statewide implementation of the new format and guidelines began in late 2003.

300 Kids Project: Settlement Agreement paragraph 17 (g) initiate a 300 Kids Project as described in paragraphs 53-54

Status: Met

Background
The 300 Kids Project began in spring of 2001 as a way to test strategies for providing behavioral health services according to the 12 Arizona Principles. The two initial sites in Northern Arizona

(NARBHA) and Maricopa County (ValueOptions) served as a first phase of statewide effort to serve children and families according to those Principles.

As previously indicated, the 300 Kids Pilot and Project MATCH sites served as laboratories for the development and refinement of a method of practice now documented as The Child and Family Team approach.

One early strategy had been to establish a learning community to share best practices and lessons learned among these pilot efforts, in order to help promote the continued infusion of the 12 Principles into increasingly unified work among several child-serving systems. Several activities begun during that era have persisted and evolved, including:

- ADHS is using its website and the Children's Executive Committee as vehicles to share progress reports, technical assistance guides, success stories and other information that that supports Arizona practitioners in the emerging system of care.

- Each piloting RBHA had developed a core team of system developers, with whom the ADHS Children's Services Collaborator worked closely to create and/or catalog tools, processes, guides, training curriculum and job descriptions at each regional pilot site. All regions are now developing similar structures to enable similar assistance consistent with the pace of their respective training, coaching and system development plans.

- The ADHS Children's Bureau Chief conducts quarterly meetings with all RBHA Children's Services Coordinators to systematically transfer lessons and technologies developing in the three pilot regions.

2003

On January 29, 2003, Governor Janet Napolitano issued a press release announcing that the Arizona Department of Health Services was expanding statewide the "300 Kids Project" - a new approach to providing mental health services to children. The approach seeks to involve the entire family in a child's treatment, as well as neighbors, community organizations and even churches."

ADHS has established a "learning community" approach as an active, structured system to share best practices and lessons learned. The Statewide Kick-Off conference on March 12, 2003, the Family Involvement – Inspiring Hope event on June 7, 2003, and the ValueOptions/ comprehensive service providers' event on August 13, 2003, are three examples of the learning community approach.

- Each piloting RBHA continued the use of various tools, processes, guides; workforce development plans, training curricula and job descriptions. ADHS regularly shared these work products with all regions.

The initial purposes of the 300 Kids Pilot have been largely fulfilled. Moving forward, the testing of additional strategies to help realize the full Arizona Vision will occur in the context of the statewide spread of practice changes, and will no longer be separately reported in the context of the 300 Kids Project.

RBHA regions currently (as of November 1, 2003) report the following extent of Child and Family Team practice:

CPSA-3	63 Children currently have functioning CFTs.	
CPSA-5	263 Children currently have functioning CFTs.	
NARBHA	156* Children currently have functioning CFTs.	(*approximate)
ValueOptions	1,155 Children currently have functioning CFTs	
PGBHA	38 Children currently have functioning CFTs.	
EXCEL Group	5 Children currently have functioning CFTs.	

Annual Action Plan and Substance Abuse Plan as Part of the First Annual Action Plan: Settlement Agreement Paragraph (h) develop annual action plans as described in paragraphs 53-54

Status: Met and ongoing

Background
AHCCCS and ADHS prepared the first Annual Action Plan in accordance with paragraph 17 (h). Additionally, in paragraph 52, a Substance Abuse Plan was required in the first year. This requirement has been met. A Substance Abuse Plan was developed and implemented for the expansion of substance abuse treatment services. Targets for capacity were established in year one and achieved.

2003
During the past year, each RBHA was expected to maintain the increased capacity, as well as continue to monitor the demand and utilization through network analysis, stakeholder input and consumer complaints. The following information highlights specific details from RBHA activities this past year:

EXCEL
The Adolescent Recovery Services (ARS) program continued throughout this year. At present, expansion of this programming model is planned for inclusion in the new Level I program.

CPSA

GSA-5:

The Substance Abuse Workgroup which formed in 2001 continues to collaborate with the grant funded effort through CODAC. The group also operates as a Clinical Subcommittee

and an Education/Training Subcommittee. A half-day training on youth co-occurring disorders was presented in June of 2003.

GSA-3:

This region continues to address the need for a full continuum of services for children and adolescent substance abusers. A workgroup has convened to standardize services across the SEABHS Network sites, to identify best practices, and to develop programs to meet the needs in this rural region. A full day planning session was held in GSA-3 in January of 2003, with clinical representation from all four county areas including clinical coordinators, prevention specialists, and Cochise County Drug Court staff. The mission of the workgroup was reviewed and accepted. Goals include the development of a comprehensive continuum of substance abuse treatment and additional services for all youth and families in Southeastern Arizona. The SEABHS Intensive Outpatient Program in Nogales will serve as the model for a planned expansion to all four county sites.

NARBHA

The Guidance Center in Flagstaff increased services to include group counseling in the juvenile detention center for substance abusing youth. Continuing projects this year included an intensive outpatient substance abuse program for adolescents in Page, a prevention program in the Page High School and group substance abuse counseling in Kingman.

PGBHA

Three Adolescent Substance Abuse Intensive Outpatient (IOP) programs (one in Apache Junction and two in Casa Grande) and one substance abuse Intensive WRAP Team (Globe) have been developed. This coming year PGBHA plans to add IOP programs in Payson and Coolidge and a Substance Abuse Intensive WRAP Team in the Superior /Kearny area. During this year, PGBHA attempted to pursue a contract with the San Carlos Apache Tribe, however, the Tribe rejected this plan.

ValueOptions

ValueOptions outreach efforts in 2003 included the continued development of printed materials for families on substance abuse education, prevention and services. This information was displayed in ValueOptions booths at health fairs, forums, community events, etc. ValueOptions also held the 3rd Latino Outreach event during the month of September. During the event, placement of signs throughout the event that said that the event was a drug/alcohol free event. These signs were posted prominently throughout and were aimed at delivering the prevention message to the Latino community and to begin shifting paradigms of cultural events free of drugs/alcohol.

Each RBHA did met the capacity development targets and ADHS will continue to monitor access to substance abuse services through quarterly RBHA reporting and RBHA Network Development Team meetings.

Quality Management and Improvement System: Settlement Agreement paragraph 17 (i) change their quality management and improvement system as described in paragraph 55

Status: Initial Development

The ADHS Quality Management System measures the quality of behavioral health services to enrolled members and makes recommendations for improvements in care, administrative management and fiscal efficiency. This process is conducted under a Quality and Utilization Management (QM/UM) Plan that is developed on an annual basis. This plan identifies monitoring and other activities that ADHS will undertake throughout the year.

As part of the Quality Management System, information is obtained through various monitoring and other data collection activities. This information is analyzed by staff in the Bureau of Quality Management and Evaluation and subsequently presented to the ADHS QM/UM Committee for further analysis, review and direction. ADHS and the RBHAs develop plans to alleviate problems or improve processes in order to achieve the overall goal of improved quality of care, administrative management and fiscal efficiency. Plans of correction or improvement are monitored and effectiveness is evaluated.

During the first year following the settlement agreement, ADHS began a review of the quality management system in light of the 12 Principles. As adjustments to the quality management system are identified, ADHS will make every effort to avoid increases in reporting/monitoring requirements, by utilizing an "adjust/replace" approach to achieve desired monitoring efforts.

The following is a listing of activities that ADHS and AHCCCS have undertaken in reviewing the quality management system:

- The ADHS QM/UM Plan was revised and now includes a QM/UM Committee that is chaired by the Medical Director and has representatives from throughout the organization, including consumer representation. This will allow a more systematic approach to trends analysis and focus of improvement activities. Network development, utilization review and all key clinical initiatives are reviewed and discussed during the Committee activities.

- A review of performance measures and other monitoring activities for alignment with the 12 Principles was completed in 2002. This information was used in subcontracted RBHA contract amendments. Overall, subcontractors have fewer reporting requirements and more focused areas targeted for quality of care improvements.

Reduced reporting requirements allow subcontracted RBHAs to devote more efforts and resources to overall systems improvement.

- Effective with the July 1, 2002 ADHS contract renewal, AHCCCS and ADHS negotiated substantive contract changes in the areas of quality management and utilization management. These changes included establishing new reporting requirements for measuring performance related to specific aspects of care, and established three levels of performance expectations for each: minimum performance expectations, goals, and benchmarks. DBHS and the RBHA's are required to begin collecting and reporting quality management data representing the following aspects of care which are compatible with the 12 Principles: access to care/appointment availability; referral from and coordination of care with AHCCCS acute contractor primary care providers; sufficiency of assessments; member/family involvement in developing treatment recommendations; considering member/family cultural preferences in treatment/service planning; appropriateness of services; informed consent; and quality clinical outcomes.

- AHCCCS included a standard in the Contract Year End '03, ALTCS Program Contractor Operational and Financial Review to monitor the contractor's performance related to including the child and family in assessment and treatment planning processes.

2003

- As part of the ADHS Strategic Plan, a standardized assessment process was developed between October 2002, and September of 2003. A subcommittee of the Assessment Workgroup was established to review data requirement and outcome reporting. During the work of the subcommittee, specific considerations were made to include necessary data elements related to both principles and outcomes of the settlement agreement.

- As part of ADHS' Independent Case Review of 2003, a sample of 50 children and families were reviewed to test strategies, including review tool questions, related to monitoring the Child and Family Team process.

- Maricopa County's Steering Committee's Assessment and Outcomes Subcommittee has piloted both Child and Family Plan reviews and guided interviews with CFT families to assess application of several of the 12 Principles in emerging practice. As this effort continues in Maricopa County, ADHS will also consider this strategy of quality assurance for further replication.

Stakeholder Participation: Settlement Agreement paragraph 17 (j) involve Plaintiffs' counsel and other stakeholders as described in paragraph 73 and 74

Status: Met and ongoing

Throughout the year, ADHS and AHCCCS continued their participation on the Children's Executive Committee and it's subsequent subcommittees, and the Clinical, Training and Family Involvement Subcommittee.

During the year, the Clinical Subcommittee developed a Technical Assistance document related to the use of attachment and Bonding therapeutic techniques for children. The Committee was also involved throughout the development of the Child and Family Team Practice Improvement Protocol, as well as the development of the new assessment process. In the Fall, of 2002, the Subcommittee began to discuss change strategies related to out of home providers and the incorporation of the Child and Family Team practice. This lead to several follow up meetings with providers and RBHA staff to begin to address operationalizing Child and Family Teams in out of home placements.

The Training Subcommittee of the Children's Executive Committee focused on cross-system training needs and approaches, and committed the child-serving systems it represents to a minimum set of curriculum elements including:

- Common basic philosophical values (i.e. the 12 Principles)
- Value of/skills in collaboration - understanding that many children are involved with multiple systems, ability to work together on teams and importance of systems getting involved early for children and families at risk
- Knowledge of each child-serving system - roles, mandates, vision and mission, populations and criteria of those to be served, language and acronyms
- Roles for Supervisors within each system

The Family Involvement Subcommittee met regularly and increased it's family representation, expanding statewide. This was primarily due to the use of telemedicine for all meetings. The Subcommittee continued discussion with state agency representatives related to the integration of family voice and involvement with system initiatives within each agency.

In June of 2003, ADHS sponsored a statewide learning opportunity related to family involvement. National consultant, Pat Miles, facilitated this workshop which include family members from all regions, RBHA and provider personnel. Family representatives from Maricopa and Pima counties shared experiences and models of parent and professional partnerships current underway. In addition, a parent leadership panel from the community teams spear-headed by ADHS's Office for Children with Special Health Care Needs (OCSHCN) also presented information on their community mobilization efforts to leverage informal supports.

Beginning in July of 2003, MIKID's contract under ADHS changed its focus to address family involvement needs in the CPSA region. Through restructuring of the annual workplan, MIKID will

continue to have a support and education emphasis and now will be directly responsible for recruiting and training family members to be employed within the CPSA region. MIKID will begin to develop supportive groups for kinship family members raising young children. This is in direct response to the demand for services created by enhancing collaborative efforts with DES.

ADHS and AHCCCS participated fully in the work of Governor Janet Napolitano's Advisory Commission on Child Protective Services beginning in January 2003. ADHS's Deputy Director and an AHCCCS representative were on the Commission and key staff members from each agency participated in each of the Commission's seven focused subcommittees. The Commission and its subcommittees have made numerous recommendations that would imply additional joint training efforts to support implementation of collaborative processes for DES and the RBHAs. DES and ADHS have recently begun an additional joint effort to try to unify child and family team practice with DES case planning requirements. This effort will require further joint training for personnel in both systems.

In order to address the special needs of children removed from their home by DES, ADHS changed the timeframes necessary for assessment following a referral. Beginning in August of 2003, all RBHAs began to respond to a referral on a child removed from their home within 24 hours. Actualizing this policy around the state will further improve the behavioral health systems response to the needs of these children.

During this past year, ADHS developed a new Out of State Placement Policy (Policy 2.11). The policy sets clear guidelines surrounding the use of out of state placements, striving to keep children in Arizona. Many of these children are children in the foster care system. Significant progress has been made by the RBHAs to return children to Arizona. Since September of 2002, the total number of placements has gone from 65 to 30.

During the work of the CPS Advisory Commission, attention was paid to the health needs of children who are eligible for adoption, and then subsequently adopted by families. DES, AHCCCS and ADHS are now in the process of developing collaborative training for personnel in all three systems to work effectively in support of children enrolled in Arizona's Adoption Subsidy program, and their new families.

The following information represents additional collaborative efforts in each region throughout 2003:

EXCEL

EXCEL has engaged in numerous collaborative efforts with their regional stakeholders. The Children's Coordinating Council meets on a quarterly basis to share information, collaborate and discuss children's issues, as well as any other high priority items. Attendees include juvenile justice personnel, DES, the County Attorney's office, DDD, school representatives, law enforcement, county health department and local community members.

The Yuma Multi-Agency Treatment Team (YUMATT) is evolving due in part to the work with VVDB and the development of the Child and Family Teams. In order for decisions to be made

more at the CFT level, the YUMATT will be providing general oversight into coordination of care and sharing of resources among agencies.

EXCEL welcomes any other agencies to any and all trainings they have for internal staff. DES and juvenile justice personnel have attended all VVDB training.

In efforts to better coordinate care with Primary Care Physicians (PCP), PCPs are now located within the EXCEL health clinics and are available to see children and adults on an as needed basis.

CPSA

CPSA leadership continues to work with family focus groups and collaborative processes involving other child-serving systems have helped ensure that CPSA and its Networks prioritize the most critically needed services and supports for development. CPSA's provider networks are moving from conceptualization to building and integration of family support and other non-professional personnel within their systems.

During this past year, CPSA had a total of 4 co-located positions at the juvenile justice centers in GSA 3, for Cochise, Santa Cruz, Graham and Greenlee counties. For GSA 5, 3 staff are co-located at DES offices with an additional 4 staff at the Pima County Juvenile Court Center. The primary roles of these liaisons are to identify child and family needs, coordinate intervention through the Networks and to provide service planning and delivery in conjunction with other agency personnel.

Pima County unveiled reciprocal training curricula this summer intended to help CPS workers to capitalize on the CFT process to meet the identified needs of dependent children; and to facilitation of teams within the behavioral health workforce the special skills that can help their work to most effectively support the mandates of safety and permanency for children involved in the child welfare system.

NARBHA

To enhance cultural competency in their region, NARBHA has contracted with Jon Eagle of the Standing Rock Sioux Tribe. An additional focus of this contract is to train NARBHA staff on cultural competency and additional capacity development with the Hopi and Apache tribes. After his initial meeting with the Hopi Service Area Agency, the first Family Involvement Specialist was hired. NARBHA has continued quarterly meetings of the Children's Behavioral Council of Northern Arizona. NARBHA holds individual meetings with DES and DDD to work out systemic problems. During the quarterly meetings with DDD, joint trainings are being planned. NARBHA also continues to meet on an as needed basis with AOC and ADJC.

NARBHA has recently begun a partnership with the Office for Children with Special Health Care Needs (OCSHCN) parent-lead, community teams. OCSHCN also focuses on community development including conducting community needs assessments, administering the contracts for service coordination and developmental services and supporting parent leaders through

community action teams. This budding partnership is beginning in Mohave county and will be designed to capitalize on existing structure and efforts in the rural communities.

In five areas of the NARBHA region family members lead these community teams. Other participants include DDD, Arizona Early Intervention Program (AzEIP); Success by Six, School Districts, Healthy Families, Head Start, local Parks and Recreation and many other community based organizations. The goals of the teams are "to develop a family-focused, comprehensive, home and community based system." Primary emphasis is to develop and enhance informal supports in the communities where needs arise.

PGBHA

PGBHA continues a number of on-going meetings with local DES/CPS, ADJC, AOC, DES/DDD and school districts focusing on enhancing collaboration and better integration of services. Specific focus on collaboration has occurred with DES District 5 through monthly meetings to address region issues that affect both agencies. This includes incorporation of the 24-hour response for children being removed from their home.

ValueOptions

ValueOptions continues to host numerous individual and group meetings with key stakeholders including DES, DDD, ADJC, AOC and local school districts.

This year ValueOptions and their providers have begun plans for expansion of co-location of behavioral health personnel with DES/CPS workers. To date, one behavioral health team is co-located with the University office. As part of the new CSP contracts, each is required to do some co-location in FY04. Valle Del Sol will be co-locating with CPS Tempe and South Mountain office; Devereux will be co-locating with the CPS 20th Street office; EMPACT will be co-locating with CPS Metro and Glendale offices; and Southwest Behavioral Health Network will be co-locating CPS Thunderbird office. Co-location sites for Prehab of Az. and JFCS are pending.

ValueOptions has initiated a Rapid Response Team to address the needs of children removed from their homes by DES. The team was initiated at the 20th street office with the Thunderbird location to be the second site added. Expansion countywide is anticipated within a few months.

ValueOptions and EMPACT, have worked with DES to develop a crisis and support team for youth in DES group homes. The team is available to group home staff for intervention as well as for technical assistance in managing difficult youth. The intent is to prevent disruption of placement and/or movement to a more restrictive level of care if needed.

ValueOptions has continued is strong support for the Family Involvement Center. Many parent representatives continue to be present and actively involved in all areas of system development and reform. To enhance the family voice in program development, service delivering and policy practices, ValueOptions has also provided stipends to family members to attend trainings and meetings throughout the county.

ValueOptions has been involved with parents, CPS, NAMI, MIKID, Raising Special Kids and ADHS staff to problem solve around barriers for youth transitioning to the adult system. The group has researched the barriers presented by parents and providers and has alleviated several long-standing myths about this process. The group has developed a list of tasks for families to consider during the time of transitioning. They are now working to put together resources and a parent / youth transition guide.